



STATE OF DELAWARE DEPARTMENT OF INSURANCE
ANNUAL FEES ASSESSMENT FORM
FOR THE CALENDAR YEAR 2012, DUE MARCH 1, 2013

Original Report

Amended Report

NONADMITTED

COMPANY INFORMATION AND MAILING ADDRESS

Indicate Non-Admitted Company Type: ☐ Surplus Lines Insurer

(See Note Below Line 3) ☐ Accredited Reinsurer

Company Name: _____
Contact Person: _____
Contact E-mail: _____
Contact Phone and Ext.: _____
Contact Address: _____
City – State – Country – Zip + 4: _____

Federal E.I.N. #: _____
N.A.I.C. #: _____
N.A.I.C. Group #: _____
State of Domicile (abbr.): _____

Questions should be directed to:
Ann Fletcher
Tax and Fees Coordinator
E-mail: Ann.Fletcher@state.de.us

MAIL TO THE ADDRESS BELOW

Delaware Insurance Department
Attn: PREMIUM TAX SECTION
841 Silver Lake Blvd.
Dover, DE 19904-2465

INSTRUCTIONS

The calendar year 2012 Annual Fees Assessment Form is specifically developed for Non-admitted Accredited Reinsurer and/or Surplus Lines companies that do not have a State of Delaware Certificate of Authority and are not licensed in Delaware, but have been admitted to transact insurance business in the State.

This form reflects that although these companies are exempt from paying premium taxes to the State of Delaware, the companies are subject to an Annual Renewal Fee of \$100.00 and an Annual Statement Filing Fee of \$100.00 as listed above, for a total annual fees assessment of \$200.00.

IMPORTANT: Companies that are approved as both an Accredited Reinsurer and a Surplus Lines Insurer must pay the total fee of \$200.00 for EACH company type. These companies check both check boxes above and submit one payment of \$400.00 to pay the total annual fees assessment. It is not necessary to send separate forms or checks.

ANNUAL TAX AND/OR FEES

- Annual Renewal Fee (\$100.00 per \$701): *
- Annual Statement Filing Fee: (\$100.00 per \$701)
- TOTAL AMOUNT DUE:

* Companies approved as both SL and AR must pay both fees for EACH non-admitted type.

AFFIDAVIT

In the State of _____ County of _____ on this date _____, before me, the subscriber, personally appeared _____, President, and _____ Secretary (or other responsible officers) of the Insurer named above, who, being duly sworn (or affirmed), deposes and says that this report and all schedules are true, correct, and complete.

Company Officer Signature

Title

Company Officer Signature

Title

Signature (Notary Public)

Date Commission Expires

(Notary Seal)